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CONFIRMATION NO. 3554

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|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/627,543 | FILING DATE<br>07/25/2003<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1635 | ATTORNEY DOCKET NO.<br>23239-537 |
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## APPLICANTS

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and claims benefit of 60/398,846 07/25/2002\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 10/23/2003

|   |                           |                        |                      |                            |
|---|---------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MA | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>9 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                      |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials <i>cc</i>   |                           |                        |                      |                            |

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## TITLE

Regulated aptamer therapeutics

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>440 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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